

UTAH LIFE SETTLEMENT PROVIDER
RENEWAL APPLICATION

State Office Building, Room 3110
Salt Lake City, UT 84114
(801) 538-3800

Date: _____

Provider Number: _____

Provider Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ Toll Free Number: _____

Email Address: _____

Website Address _____

Fax Number: _____

FEIN #: _____

Name of Contact Person for Regulatory Matters: _____

Update the contact information for the following. If there are no changes, so state.

Statutory Home Office Address

Street _____
P.O. Box _____
City _____
State/ZIP _____

Contact Name _____
Phone Number _____
Toll Free Number _____
Fax Number _____
Email _____

Mailing Address

Street _____
P.O. Box _____
City _____
State/ZIP _____

Contact Name _____
Phone Number _____
Toll Free Number _____
Fax Number _____
Email _____

Company Renewal Contact

Street _____ Contact Name _____
 Phone Number _____
 P0 Box _____ Toll Free Number _____
 City _____ Fax Number _____
 State/ZIP _____ Email _____

Local Utah Representative

Street _____ Contact Name _____
 Phone Number _____
 P0 Box _____ Toll Free Number _____
 City _____ Fax Number _____
 State/ZIP _____ Email _____

Complaints Contact

Street _____ Contact Name _____
 Phone Number _____
 P0 Box _____ Toll Free Number _____
 City _____ Fax Number _____
 State/ZIP _____ Email _____

Registered Agent-service of process in Utah

Street _____ Contact Name _____
 Phone Number _____
 P0 Box _____ Toll Free Number _____
 City _____ Fax Number _____
 State/ZIP _____ Email _____

List any changes to officers, directors & controlling persons from prior application, if "none" so state, and attach a completed biographical affidavit for each. Use the NAIC biographical form at http://www.naic.org/documents/industry_ucaa_form11.doc

(Attach additional sheet if necessary)

List all Utah Life Settlement Contracts in effect at prior year end, if "none" so state:

Identifier	Date of Life Settlement	Life Expectancy At end of Prior Year	Death Benefit

(Attach additional sheet if necessary)

Submit a copy of proof of financial responsibility in the amount of \$250,000 as required by Utah Administrative Code (U.A.C.) Rule [R590-222-5\(1\)\(c\)\(v\)](#).

Explain any disciplinary or enforcement action taken against the provider within the last year.

FEES: \$950 (\$300 Renewal Application Fee + \$600 Annual Service Fee + \$50 Annual E-Commerce Fee).

Renewal application fees will be invoiced each year. Failure to pay the invoiced fees and submit the renewal application, so they are received prior to March 1st of each year, will result in the license being lapsed and may subject the licensee to administrative penalties and forfeitures.

I certify that I have read and am familiar with the requirements of Utah Code Annotated Title 31A, Chapter 36 and U.A.C. Rule R590-222 and that the provider meets all requirements to qualify as a life settlement provider in the State of Utah. I further certify that, after due inquiry, the information provided in this renewal application is true, correct, and complete to the best of my knowledge and belief.

Date: _____ Authorized Signature: _____

Printed Name & Position: _____
